RECEIVED FEC MAIL CENTER 2017 FEB 27 AM 7: 52

Committee Name:	
Clinicians For Progressive Care	
If registered, FEC ID:	
Today's Date:	
02/16/2017	•

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Zackary Berger

, Treasurer

2017 02 27 03 00142654

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER MITFEB 27 AM 7: 52

(Check if address is changed) Baltimore CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Clinicians For Progressive Care & gmail.com State A Optional Second E-Mail Address Optional Second E-Mail Address (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S WEB PAGE ADDRESS (URL) Clinicians For Progressive Care.com Schanged) A FEC IDENTIFICATION NUMBER AMENDED (A) Control of the second of the second of the complete information may subject the person signing this Statement to the penalties of 52 U.S.C. SANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	FURINI I			KOLLED C.
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ADDRESS (number and etree) 822 Guilford Ave #176 Check if address Check if address (Check if address (Check if address Check if address ChiniciansForProgressiveCare@gmail.com Optional Second E-Mail Address Check if address Check if address CliniciansForProgressiveCare@gmail.com Optional Second E-Mail Address Committees were page Address CliniciansForProgressiveCare.com (Check if address CliniciansForProgressiveCare.com 2. DATE 22 DATE 23 FEC IDENTIFICATION NUMBER Committees were page Address CliniciansForProgressiveCare.com A IS THIS STATEMENT NEW (N) OR AMENDED (A) 1 certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Zackary Berger Signature of Treasurer Signature of Treasurer Date ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	Clinicians For P	rogressive Care		:
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Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) CliniciansForProgressiveCare.com is changed) 2. DATE 02 / 16 / 2017 3. FEC IDENTIFICATION NUMBER CliniciansForProgressiveCare.com I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date 22 / 6 / 2017 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	COMMITTEE'S E-MAIL ADDRE	ESS	•	
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Signature of Treasurer Date	4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
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ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	Signature of Treasurer	390		Date Designed Legisland
	NOTE: Submission of false, error			
Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 (Revised 06/2012) Local 202-694-1100			For further information Federal Election Commis	contact: FEC FORM 1

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	F	EC For	m 1 (Revised 02/2009)	Page 2
5.			OMMITTEE	
Candidate Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	Name Candi			
	Candi Party	date Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate			
	Part	y Con	nmittee:	
	(d)			(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
	` '	Dendi	Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)		This committee'collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.		
		3.	FEC ID number	
		4.		

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Write or Type Committee N	Name .	
Clinicians For	Progressive Care	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundralsing Repr	esentative, or Leadership PAC Sponsor
Mailing Address		
•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CITY	STATE ZIP CODE
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and positi	on of the person in possession of committ
Full Name	ckary Berger	
Mailing Address	822 Guilford Ave #176	
1	Baltimore	MD 21202
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone num	nber
		:
	e and address (phone number optional) of the treasurer of the e.g., assistant treasurer).	committee; and the name and address of
Treasurer: List the namany designated agent (e	e.g., assistant treasurer).	committee, and the name and address of
Treasurer: List the name any designated agent (e	e.g., assistant treasurer).	committee; and the name and address of
Treasurer: List the name any designated agent (effective full Name of Treasurer	e.g., assistant treasurer). Ckary Berger 822 Guilford Ave #176	
Treasurer: List the name any designated agent (effective full Name of Treasurer	e.g., assistant treasurer).	committee; and the name and address of
Treasurer: List the name any designated agent (effective full Name of Treasurer	e.g., assistant treasurer). Ckary Berger 822 Guilford Ave #176	

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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify):	•
Next Business	Day Delivery
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Received from House Records & Registration Office	
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	Date of Receipt
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Other (Specify):	ceipt or Postmarked
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	2/27/17
	2/4111
PREPARER	DATE PREPARED
(3/2015)	